ACTIVITY NOTIFICATION FORM FOR HOLDERS OF ANNUAL PERMITS Scaffolding Falsework Trenches/Excavations

8 CCR 341.1 (f) REQUIRES HOLDERS OF ANNUAL PERMITS TO PROVIDE NOTIFICATION TO THE DOSH OFFICE NEAREST THE PROJECT PRIOR TO COMMENCEMENT OF ANY WORK. THIS FORM IS PROVIDED FOR YOUR CONVENIENCE TO USE FOR SUCH NOTIFICATION.

THIS FORM MAY BE FAXED TO THE NEAREST DOSH OFFICE TO COMPLY WITH THE ABOVE. PLEASE DO NOT MAIL DUPLICATE NOTIFICATION TO FOLLOW-UP FAX NOTIFICATION. FAXED TO _____ DOSH DISTRICT OFFICE ON FAX DATA: DOSH FAX NO. (_______ Field Phone: Company Name: __ Annual Permit Number: Office Phone: Issuing Region: Specific Activity Location: Number of Employees: Starting Date: Nearest Major Cross Street: Anticipated Completion Date: City: _____ High Voltage Lines in Proximity? No Yes County: **INSTRUCTIONS:** The appropriate item(s) must be completed and signed by a person knowledgeable about the project for each activity covered by a permit. Please fill in or check off the blanks where appropriate. Scaffolding: Height Metal Wood Wood over 60 Feet Metal over 125 Feet Metal>1 25 Feet or Wood>60 Feet requires design by California Registered Civil Engineer & Plans at Site.(See 8 CCR 1644(c)(7)) FalseworkIVertical Shoring: Maximum Height _____ Maximum Span _____ Material _____ Description: (See 8 CCR 1717) Trenches/Excavations: Depth Range(Min/Max) Width Range(Min/Max) Total Length Shoring _____ Sloping ____ Trench Shield ____ Professional Engineer ___ Ground Protection Method: (NORTH 1-800-642-2444/SOUTH 1-800-422-4133) Underground Services Alert(USA) Number Yes No ____ If No, You **Must** Slope 1.5 to 1. Soil Analysis to be done? Competent Person: The holder of an Annual Permit who is notifying the Distrtict of the commencement of a Trench and/or Excavation project shall designate a competent person in accordance with the requirements of 8 CCR Section 1504, 1541, and 1541.1. Description: • Ground protection methods for excavations deeper than 20 feet must be designed by a Registered Professional Engineer. See 8 CCR 1541.1, Appendix F. I hereby certify that to the best of my knowledge the above information and assertions are true and correct and that I/the applicant have knowledge of and will comply with the foregoing. Signature: _ Title: Date: